2006/2007 ANNUAL REPORT

BRANDON REGIONAL HEALTH AUTHORITY

Larry Hogue
Board Chair

We are honoured to present the Brandon Regional Health Authority annual report for the fiscal year ending March 31, 2007.

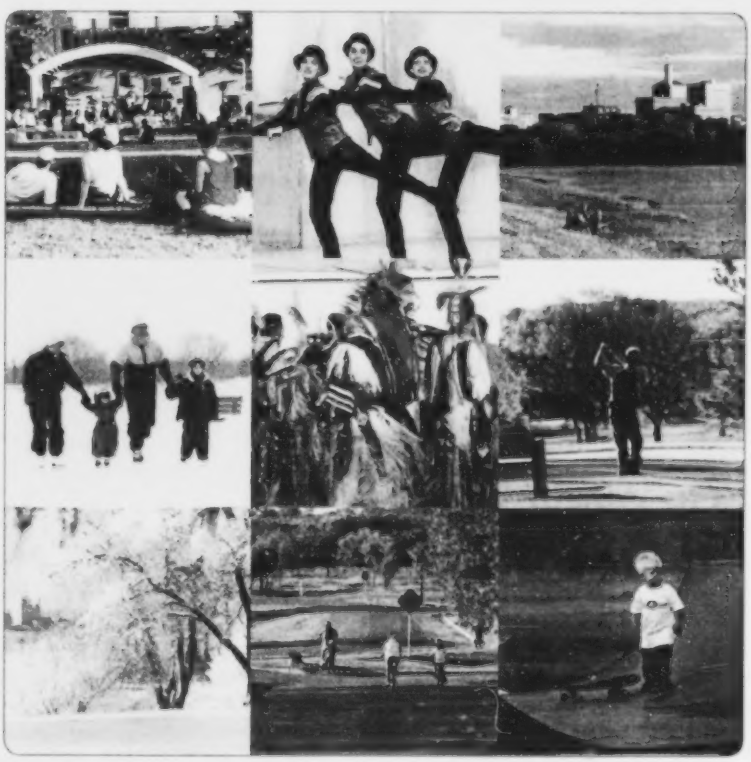
This annual report was prepared under the Board's direction, in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health.

All known material, economic and fiscal implications have been considered in preparing the annual report.

Respectfully submitted, on behalf of the Brandon Regional Health Authority.

Mr. Larry Hogue
Chairman of the Board
Brandon Regional Health Authority Inc.

Brandon Regional Health Authority offers a wide range of health services and programs to the citizens of Brandon and the municipalities of Cornwallis, Elton and Whitehead. The Brandon RHA serves as a regional referral centre for the "Westman" area. Programs and Services include Long Term Care, Public Health, Home Care, Mental Health, Audiology, Medical Officer of Health, Rehabilitation, Acute Care and Ambulatory Care Services, 7th Street Health Access Centre and a full range of Diagnostic Services.



BRANDON RHA
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BRANDON REGIONAL HEALTH AUTHORITY

Carmel Olson

Chief Executive Officer

This report provides detail related to the 2006/07 – 2010/11 Strategic Health Plan; however, there are many other achievements and milestones that are not included, for the sake of brevity and consistency with the format established for the annual health plan component. For example, the midwifery program that services both Brandon and Assiniboine Regions has evolved from having a total of nine (9) clients in 2001 to one hundred and thirty-eight (138) in 2006.

Numerous individuals in a variety of roles throughout the organization participate in the planning and development of inter-regional strategies, as well as provincial initiatives. In addition, individuals and the Region have been recognized for outstanding achievement, by provincial and national organizations. Presentations highlighting some of our best practices have been made at provincial, inter-provincial, national, and international conferences.

The Region has successfully demonstrated its commitment to a population health approach through extensive partnerships and implementation of strategies that address the factors that determine health. Additional information will be provided upon request.

We acknowledge the exceptional opportunities for communication with Ministry personnel and an ongoing positive working relationship.

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Carmel Olson
Chief Executive Officer
Brandon Regional Health Authority Inc.

Our Community

- Brandon is the trading center for southwestern Manitoba, encompassing a population of approximately 180,000.
- It is projected that there will be a 38.8% increase in the elderly population (age 65+) by 2025.
- The Canadian Armed Forces transfer of the 2nd Battalion Princess Patricia Canadian Light Infantry to CFB Shilo has remained static at about 700 military members, and their families.
- Approximately 1,168 foreign workers (from Ukraine, Mexico, El Salvador, Africa and China) were located in Brandon and employed at Maple Leaf.
- Significant portions of people commute from smaller rural communities to work in Brandon, with only 50% of Brandon workers living in the city.

The Region

The Brandon Region consists of a geographical area of approximately 67 square kms, encompassing the City of Brandon, the R.M. of Cornwallis, the R.M. of Elton and the R.M. of Whitehead.

The majority of residents live in the City of Brandon with a population of 44,887 while 2836 reside in the R.M. of Cornwallis. The R.M. of Elton and the R.M. of Whitehead have 1278 and 749 respectively (as of 01 June 2006). RHA total population data demonstrates that 19% of the population are under age 15; 67% are between the ages of 15 and 64, and 14% are over age 65. These figures do not represent a significant change in the breakdown between these age groups since 1996. While no First Nations communities are in the Brandon Region, 8.6% of the population is of Aboriginal origin (compared to 4% in the 1991 census data). This figure equates to approximately 3,905 people; however, agents of the Friendship Centre speculate that the number is closer to between 5,000 and 8,000, many of who are students at Brandon University and Assiniboine Community College who continue to register their place of residence as on-reserve.

Determinants *of* Health

Education
- Overall, residents of Brandon have a higher level of education than Manitoba residents; however, a literacy assessment of the residents of downtown Brandon found that 12% of individuals scored lower than their education level indicated.

Social Support Networks
- Brandon has a slightly higher divorce rate than the rest of the province.
- A large proportion of people, including residents of the downtown area, report having someone to talk to in times of stress.
- Most people do not experience emotional difficulties that keep them from doing the activities they would normally do in a typical day.

Healthy Child Development
- There was a significant increase in Brandon's birth rate in 2006/07.
- Breast feeding and childhood immunization rates are lower than provincial and national targets.
- Despite the efforts of Public Health Services and community agencies to reduce the number of teen pregnancies, the rates have remained relatively constant over many years.

Personal Health Practices and Coping Skills
- New generation antidepressant medications and stressful life conditions have resulted in a dramatic increase in the use of antidepressants in the region.
- Some evidence has suggested that smoking rates of Brandon residents are dropping.
- People in the Brandon region are more physically active than Manitobans overall; however, a considerable portion of both women and men are overweight, and close to one-fifth are obese.

Employment and Working Conditions
- About two-thirds (70%) of the population 15 years and over are employed.
- The unemployment rate in Brandon is about 5.2%, lower than the rate for Manitoba and Canada.
- Maple Leaf Pork is the largest employer in the manufacturing sector with 1400 employees.
- Brandon Regional Health Authority is the largest employer in the non-manufacturing sector with 2400 employees.

Physical Environment
- Brandon was one of the first communities in the province to introduce a by-law to keep indoor spaces smoke-free.
- Brandon enjoys a clean water supply from the City's Water Treatment Plant and sewage is treated in its wastewater treatment facility.
- A new Dangerous Goods Route was constructed to divert trucks around the city in 1999.
- The availability of affordable housing has improved somewhat since 2000.

Health Services
- The vast majority of Brandon residents (82.3%) report they have a regular physician.
- Many individuals use walk-in clinics for problems they feel cannot wait for a regular appointment.
- More than half of those aged 65 and older would prefer to die in the hospital than at home.

Income and Social Status
- The average household income in Brandon in 2001 was $48,287, lower than that of Manitoba.

2004 Community Health Assessment Data

Life expectancy for Brandonites is about 82 years for females (compared with 81 for Manitoba), and about 76 for males.

Brandon males and females reported better functional health (at 77.8 and 84.5% very good or perfect, respectively) than their provincial counterparts.

Overall, total mortality and premature mortality rates for Brandon residents are lower than those for the province.

The top five causes of mortality in Brandon are:
- Cardiovascular disease
- Neoplasms
- Respiratory disease
- External causes (accidents)
- Digestive system disease

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Physical Environment

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- Brandon enjoys [illegible] water supply from the City Water Treatment Plant and sewage is treated in the wastewater treatment facility.
- A new bus system, with routes and connections to diverse locales around the city, began in 2006.
- The availability of affordable housing has improved somewhat since 2000.

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2006/2007 Board Members

1 - Larry Hogue, Board Chair
2 - Gavry Bell
3 - Errol Black
4 - Bill Bryant, ADM Rep.
5 - D.J. "Scotty" McIntosh
6 - Alison McNeill-Hordern
7 - Margaret MacDonald
8 - Dr. Colin Macfarlane
9 - Karen Peto
10 - Darrell Racine
11 - Marion Robinsong
12 - Gerald Rocan

Not in photo:
Ann Lanceley
Wayne Langlois

Board Governance

The Board has two standing committees: Finance, Audit and Executive.
The Board Chair acts as liaison to the Premier Advisory Council.

The Board acts to ensure that the health plan is implemented, that funds are allocated appropriately, and that effective systems of control and legislative compliance are maintained.

Through its Finance, Audit Committee, the Board
- Reviews, approves and recommends financial disclosure.
- Maintains oversight of internal control and management information systems.
- Maintains communication with auditors.
- Focuses on areas of significant risk to the Board.

On behalf of the Board, Management
- Reports accurately, consistently and on a timely basis.
- Selects and recommends policies, estimates and disclosures.
- Maintains cost-effective internal control and management information systems.

On behalf of the Board, External auditors
- Assess the appropriateness of accounting policies, estimates and disclosures.
- Review key financial internal control systems.
- Provide value added, cost effective audit services.
- Focus on areas of significant risk to the Board.

Executive Limitations

Monitoring through surveys and self-evaluations

Board meetings are held on the third Tuesday of each month in the City Hall Council Chambers.

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Board/Executive Management Advisory Committees

Medical Advisory Committee (MAC)

Is comprised of physician clinical department chiefs, with representation from Assiniboine RHA and the Brandon RHA Executive Management Team. The vP Medical and Diagnostic Services acts as chair. MAC reviews departmental issues, makes recommendations for medical staff appointments, and provides advice on other matters.

Provider Advisory Council (PAC)

Is an advisory group that includes providers from across programs throughout the region. PAC provides professional and paraprofessional expertise and input into decision-making of the Brandon RHA Board of Directors. The Council promotes collaboration and effective working relationships among health care providers. PAC provides consultation and/or advice to the RHA on matters having an impact upon or otherwise involving the delivery of health services in the Region.

Spiritual Care Advisory Committee

Acts as a forum for discussion on issues of how the local faith communities, clergy, Aboriginal Elders and the Brandon RHA might offer spiritual care in a collaborative, effective fashion.

Ethics Committee

Is a group of health professionals and community members from Brandon and Assiniboine Regions who assist families, individuals and healthcare providers to work through ethical issues.

2006/2007 Executive Committee

Top Row (L-R)
- **Janet Wilcox-McKay,** *Comptroller/Corporate Liaison*
- **Brian Schoonbaert,** *VP Information and Financial Services*
- **Kathy McPhail,** *VP Acute Care Programs (2007 Bev Cumming)*
- **Heather Kirkham,** *VP Community and Long Term Care Services*

Front Row (L-R)
- **Jason Marchand,** *VP Support Services*
- **Bev Cumming,** *Executive Director Planning and Evaluation Services (2007 Sue Hunter)*
- **Carmel Olson,** *Chief Executive Officer*
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In 2007 Bev Cumming became the new VP Acute Care Programs, and Sue Hunter took on the role of Executive Director Planning and Evaluation Services.

Vision:

A model region, responsive to the community through teamwork and a focus on "health"

Mission:

Promotion of healthy choices and delivery of health services across the lifespan in a variety of settings; in partnership with the residents of the Brandon and neighbouring Regions.

Values:

Integrity
Continuous Improvement
Respect and Dignity
Teamwork
Accessibility

Strategic Priorities

Improved health status of the community through strategies that focus on wellness and the factors that determine health.

Human, financial, and capital resources, including equipment, that support and sustain programs and services that are people-centered, evidence-based, and needs driven.

Health system integration with partnerships that enhance access and minimize duplication.

An organization that attracts and retains employees who feel valued and supported.

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach.

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Organizational Structure

Health System
Infrastructure

Finances

- Brandon Regional Health Authority spends more proportionally on acute care costs than any other region. This necessity is influenced by the fact that Brandon Regional Health Centre is the third largest health care facility within the province, serving as a regional referral center for a broad geographical boundary.
- The proportion of financial costs for community programs has increased annually for several years, while the costs of acute care programs has decreased.
- Brandon Regional Health Authority administrative costs, at 4.5% of total expenditures, are lower than all of the other RHAs in Manitoba despite the fact that administrative positions have been deleted and discretionary costs are monitored closely, and new operating funds were allocated with the Clinical Services Redevelopment Project, shortfalls are projected due to the rising costs of utilities, drugs, staffing, and supplies.

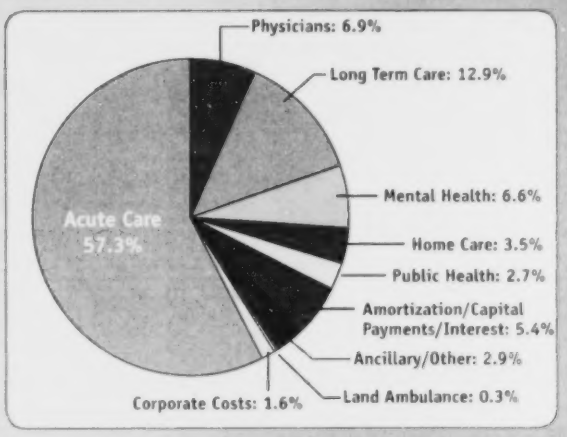
Human Resources

- The Brandon RHA employs about 2,400 people in almost 1700 equivalent full-time positions.
- Over half of these individuals (57.5%) are between the ages of 41 and 60, so many retirements over the next several years can be expected.
- The Brandon RHA has developed a comprehensive Health Human Resource Plan that encompasses strategies to address leadership succession and recruitment of new employees.
- In the 2006/2007 fiscal year volunteers provided over 55,394 hours of service at Rideau Park, Fairview and BRHC.
- This year saw many recruitment successes with over 14 physicians welcomed to Brandon in the areas of Psychiatry, Internal Medicine, Cardiology, General and Thoracic Surgery, Pathology, Obstetrics/Gynaecology, Emergency Room, Family Practice, Anaesthesia, Nuclear Medicine and Neurology. Also, providing vacation relief and/or picking up shifts were 16 casual itinerant physicians. There were also 26 medical students/ residents completing a rotation in one or more departments at the Brandon RHA.

Information and Technology

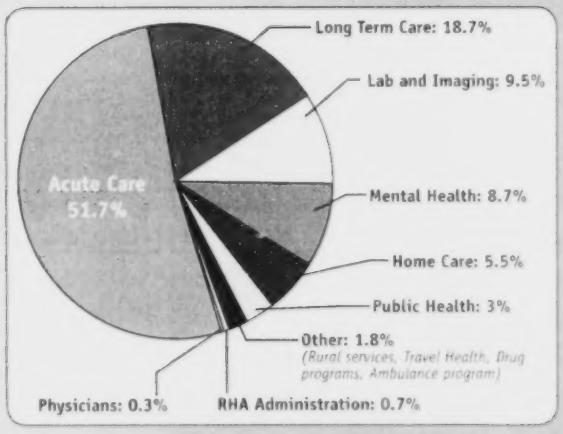
- Brandon is a leader in electronic technology, as it becomes the first RHA in Manitoba to introduce an integrated electronic health record.

Where are the dollars spent?



All funding

Where do the Staff Work at the Brandon RHA?



Regional Human Resources Profile

Health System Performance

Responsiveness

- The bed-to-population ratio for Brandon appears high. There are, however, two major contributing factors for this fact. First, the Brandon Regional Health Centre serves the population of the Westman area for many cases (almost half of hospital separations were for residents of other RHAs). Second, Brandon Regional Health Centre now includes acute care beds for mental health clients formerly served at the Brandon Mental Health Centre.
- Similarly, the physician ratio appears high, except when compared to Winnipeg. This is explained by the fact that many rural people access Brandon family physicians and specialists.
- Brandon RHA has experienced a marked rise in new home care cases over time, but the average length of service is shorter than in the rest of the province.
- Brandon's five Personal Care Homes (two of which are owned by the Brandon RHA) contain 597 beds. The average waiting list for PCH placement has remained fairly stable over time. Lengths of wait have decreased over the past several years.
- The Brandon RHA has experienced long surgical waiting lists for some specialties.
- The opening of an additional endoscopy theatre in the Clinical Services Redevelopment Project has shortened by half the long waiting lists for endoscopy procedures.

System Competency

- Despite the relatively high rates of cardiovascular disease in the region, rates of cardiac catheterizations, angioplasty, and coronary artery bypass are significantly lower than the rest of the province.
- Hip and knee replacement rates for Brandon residents are lower than for Manitoba.
- Conversely, rates of cataract surgery and CT scans are higher.
- Other high rates include those for tonsillectomy and adenoidectomy, hysterectomy, caesarian section, and ambulatory care sensitive conditions such as asthma and diabetes.
- The Brandon RHA has a higher percentage of surgeries done as a "day" procedure than the rest of the province.

Client and Community Focus

- The Brandon RHA employs a Communications Coordinator who is responsible for both internal and external communications.
- The Brandon RHA also employs a Privacy Officer who is to ensure adherence to the Personal Health Information Act.
- Brandon RHA staff participates in many partnerships with other sectors.
- Almost all programs have in place patient/client/resident feedback mechanisms.
- A recycling program, which was introduced over the last several years, has resulted in an increase in the percentage of recycled waste from 9% in 2000 to 33% in 2003. Similarly, the ideas of the Energy Efficiency Committee won national leadership awards in 2001 and 2003 for reducing greenhouse emissions.

Worklife

- **In 2000, 2002, and 2004, surveys showed that the majority of staff members are happy to work for the Brandon RHA.**
- **There are initiatives in place to improve communication with staff, provide role clarity, and enhance participation in decision-making.**
- **An ergonomics program has been introduced for areas with high rates of workplace injuries.**

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- **Percentage of regular smokers = 24.1 (2005). Baseline = 32.74 in 1996.**
- **Percentage of pregnant women smoking = 24% (2004/05) Baseline = 28.2% (1997/98).**
- **Deaths due to lung cancer: 42 in 2005; 35 in 2004, 51 in 2003.**
- **Potential Years Life Lost (PYLL) due to cancer of lung, trachea, bronchus: 499 Females and 719 Male in 1994-98; 304 Females and 349 Males in 2000-04**

- **STD/STI Rates**
  Chlamydia 2004: 170
  Gonorrhea 2004: 27
- **Number of teen parents accessing prenatal care** *77 (2004/05), 67 (2005/06).*
- **Enrolment in Families First and New Beginnings:** *112 in Families First and average 95 in New Beginnings.*
- **Percentage of pregnant teens in high school =** *12% (2004/05), but completion rates are unknown.*

Strategic Priority:

Improved health status of the community

through strategies that focus on wellness and the factors that determine health.

Complete implementation of the tobacco reduction strategy.

Support healthy public policy, e.g. by-laws and other strategies that prohibit or reduce smoking:

- Two staff and one physician were trained at the Mayo Clinic on its "addictions model".
- A Tobacco Dependence Counselor was hired (0.8 EFT fall of 2006).
- Staff pilot commenced in November 2003 and expanded to inpatient/outpatient target populations in the fall of 2004.
- Phase III was launched in 2005, giving access to the public.
- RHA participated in lobby to support City of Brandon smoking by-law, as well as the provincial legislation.
- Smoke-free Grounds Policy implemented in May 2005.
- Butt Out Smoking Strategy (BOSS) for mental health clients was implemented.
- "Car and Home Smoke Free For Me" campaign was launched in January 2006 and adopted by the Manitoba Lung Association.

STI/STD Strategy Implementation:

- Chlamydia rate decreased from 170 in 2004 to 162 in 2005.
- Gonorrhea rate decreased from 27 in 2004 to 10 in 2005.
- Additional resources for STI program received in 2006/07 funding allocation.
- Continue to provide support to correctional institutions in education and testing.
- Applied to implement a HIV Anonymous Testing Site in April 2007.

Continue to support healthy child development in children of teenage parents (ages 15 – 19) through prenatal care, parenting skills training, high school based programs:

- Proposal for high school based pregnant and parenting teens program (in partnership with the Brandon School Division and Child and Family Services) was submitted to the Ministers of Health, Education and Family Services and Housing and approved for September 2006. Funding for capital renovations was unavailable so implementation was deferred to 2007.
- Afternoon prenatal classes provided education specific to this target group.
- Parenting skills training provided through Families First and New Beginnings at the Elspeth Reid Family Resource Centre and in partnership with the MB Metis Federation at Friendship Centre.

Demonstrate progress towards achieving targets established for initiation, duration, and data on exclusive, partial, or no breastfeeding:

- Initiation Rates at birth/discharge: 2003/04 = 78.6%; 2004/05 = 84%/79%; 2005/06 = 85%/79%; 2006/07 = 87%/81%
- Duration Rates: 2004 = 7.5 mos.; 2005 = 5.5 mos.
- Duration of Exclusive: 2004 = 3.9 mos.; 2005 = 3.3 mos.

Develop and implement the Chronic Disease Prevention Initiative, based on a framework that includes cardiovascular, cancer, respiratory, and stroke. (Plan approved in March of 2006):

- Brandon RHA/ARHA developed a logic model with focus areas on active living, healthy eating, tobacco reduction, and stress reduction.
- Target population is working adults ages 30 - 59. Community Facilitator hired.
- Baseline survey of workplaces were conducted in February 2007 with plans to repeat in 2009.
- Workplace Wellness Workshop was held in January 2007.
- Workplaces were invited to apply for funding.
- Implemented cardiac and respiratory care clinics in CSRP Ambulatory Care setting.
- Between 2001-02 and 2004-05 respiratory patients decreased by 39.6% and visits by 43%.
- Admissions due to respiratory disease decreased by 34.1% (100); and Length of Stay by 2 days (15%).

Implement a Coordinated Stroke Strategy in partnership with the Manitoba Heart and Stroke Foundation:

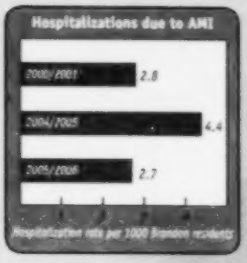
- Coordinated Stroke Strategy in September 2005 in partnership with the Heart and Stroke Foundation.
- New Clinical Practice Guidelines/Pathway launched in April 2006.
- Concurrent audit of stroke practices.
- Region recognized by Heart and Stroke Foundation in April 21/06 for launch of the first Coordinated Stroke Strategy in Manitoba.
- Project team has developed a proposal for a Stroke Prevention Clinic for submission as a new initiative. Confirmation of 2 years funding commitment from the Heart and Stroke Foundation is pending.

Continue to implement the revised Regional Diabetes Program (RDP) with emphasis on the Aboriginal population:

- RDP logic model was completed.
- Implementation commenced in January 2003 through the Intake Worker program.
- Developing a physical activity strategy for the "Westman" area with Brandon enrolled as an "In-Motion" community.
- 5th Annual Diabetes Gathering conducted for Aboriginal people in 2006.
- Improved processes for client follow-up.
- Continued implementation of RDP included in the 2006/07 Health Plan.
- Diabetes Advisory Committee for Brandon RHA and ARHA established and meets quarterly.
- Framework submitted in December 2005.

Repatriate the Peritoneal Dialysis Program services to the Brandon Region, in collaboration with the Manitoba Renal Program; Develop and implement a Renal Health (Pre-renal Insufficiency) Outreach Program in collaboration with the Manitoba Renal Program and the RHA Regional Diabetes Program:

- Peritoneal Dialysis Program was removed from the 2008/09 Health Plan citing lack of resources and support to repatriate from the Manitoba Renal Program.
- Pre-renal Insufficiency Program staffing was increased from 0.5 to 0.8 EFT with funds previously allocated in CSRP budget.



Cancer Incidence in 2005
Males = 580.9/100,000
Females = 422.3/100,000

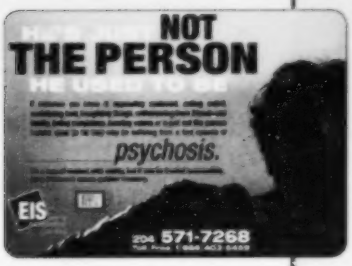
Respiratory Morbidity rates
2005/06 = 14.4%

Hypertension rates age 25+
2005/06 = 17.8%

Hospital rates due to respiratory disease
2005/06 = 364 cases
Number of hospital days = 3,326

Hospital rates due to circulatory system:
2005/2006 = 554 cases
Number of hospital days = 4,851

Dr. Arturo Tamayo, stroke neurologist, Brandon Regional Health Centre, presents to rural physicians at an Acute Stroke Workshop.



Three-year Injury Prevention Plan

Strategic Pillars:

- **Create supportive environments**
- **Strengthen community action**
- **Develop personal skills**
- **Reorient health services**
- **Build healthy public policy**

Develop a long-term plan to address the increasing incidence of mental illness in children, adults and the elderly *(findings MOHP Report 2004)*: Implement Early Intervention Program - "First Contact for Youth Service" (Implementation to be completed in 2007/08):

- Each program has a "strategic" action plan in development.
- Early Intervention Service (EIS) is operational:
  - EIS Policies were developed.
  - 2.0 fulltime Community Mental Health Workers were hired and now accept clients.
  - 1.0 fulltime Activity Worker was hired.
  - Consultations with ARHA, Central RHA, and Parkland RHA were available on request.
  - Presentations were made to multiple community groups regarding EIS availability.

Continue development and implementation of an Aboriginal-specific Health Strategy (based on a population health framework and in consultation with Aboriginal groups):

- Partnership Agreement with 15 Aboriginal groups, Federal and Provincial Government Departments and other community agencies was signed in September 2003.
- Aboriginal Recruitment and Retention Circle with partners was established.
- Two consultations were conducted with Aboriginal groups.
- Multiple partnerships with programs.
- The Aboriginal Workforce Initiative commenced in April 2003. As of April 2007, 167 people have been hired. There has been a turnover of 56 people mostly due to term positions.
- An Aboriginal Spiritual Care Worker position was established and funded by Aboriginal and Northern Affairs (ANA)/MB Metis Federation (MMF).
- Cultural Awareness education program was established.
- A Service Purchase Agreement with the Friendship Centre for Mental Health program was established.
- A Mentorship program in partnership with Service Canada and Advanced Education and Training for persons over 19 yrs of age who have dropped out of school was established.

Continue implementation of the Three-year Injury Prevention Plan, in collaboration with the Brandon and Area Safe Community Coalition:

- Injury Prevention Plan was developed in partnership with Brandon Safe Communities Coalition and submitted in December 2004. Priorities include: falls prevention in seniors, falls prevention in children, motor vehicle injuries, and young worker injuries.
- Some designated "safe playgrounds".
- A Plan regarding Motor Vehicle Accidents (MVAs) is being developed with MB Public Insurance Corporation (MPIC) to reduce the number and effects of injuries.
- Brandon RHA is poised to launch a "Falls Prevention Program" and policy. Patients/clients/residents to be screened for risk of falls and a "falls reduction plan" will be implemented for those scored as medium and highrisk.
- Prevent Alcohol and Risk Related Trauma In Youth (P.A.R.T.Y.) Program in partnership with eight other community groups/agencies inaugurated in April 2007.

Strategic Priority:

Human, financial, and capital resources

including equipment, that support and sustain programs and services that are people-centered, evidence-based, and needs driven.

Participate in the Provincial Wait List Reduction Strategy, in collaboration with Manitoba Health and the Assiniboine RHA:

- *Support establishment of a short-term acute Rehab Unit in Rivers.*
- *Support development and implementation of an arthroscopy service in Minnedosa.*
- *Increase the number of hip and knee replacements/revisions performed at the Brandon Regional Health Centre (excludes hip fracture repairs, which average 80 cases/year).*
- *Increase the number of cataract surgeries performed at the Brandon Regional Health Centre (and Minnedosa).*

- Rehab Unit in Rivers was established. The 2007 Evaluation Report demonstrated that utilization has steadily increased. This report offers an effective strategy to support the orthopaedic program in Brandon and to improve outcomes/earlier recovery for patients undergoing arthroplastic surgery.
- Arthroscopy program in Minnedosa was established.
- The Orthopaedic Surgeon who did hip arthroplasty left Brandon in May 2006. The initiative was modified to increase the number of knee surgeries. Patients on the wait list for hip surgery and referred to Winnipeg (two to Boundary Trails) had surgery in the fall of 2006.
- Itinerant surgeon who does hip surgery commenced in Brandon in January 2007 and a full-time permanent one has been recruited effective January 2008.
- Prehab Program commenced in the spring of 2006 on an one-half day/week schedule. (Recently, approval was received to enhance its schedule).
- Number of cataract surgeries has exceeded targets.

Reconfigure A2 and A3 inpatient units to create compatible patient groupings and improve utilization:

A3: Waiting Placement - 26, Swing beds - 12, Palliative/Ventilator - 12
A2: Complex Medical - 25, Stroke - 12, Ortho Rehab - 12

- Reconfiguration of A2 and A3 has been completed.
- Occupancy rates on A2 average 96%.
- A Proposal for operating funds to increase medical beds was submitted in the 2007/08 Health Plan. Renovations to 5th floor are to be facilitated through RHA capital management plan (Phase I is scheduled for late summer 2007) and safety/ security funds. A total of 1,096 medical patient days were off service (OBS/Peds/Surgical/ delayed in ICU).

Implement strategies to improve access to physician specialist services, in collaboration with Manitoba Health and the two major clinics, and in accordance with the "Physician Satisfaction Survey Action Plan"; Implement recruitment strategies and incentives that will facilitate achievement of the physician resource plan:

- Physician Satisfaction Survey Action Plan status report was completed.
- In 2006/07 there were 26 medical students and residents.
- Physicians in Brandon participated in the Clinical Field Assessments of International Medical Graduates.
- Brandon Emergency Medical Officers now do assessments of new International Medical Graduates for the Assiniboine Region.
- 10 specialists and four Family Practice physicians were recruited in 2006/07.

Updated Palliative Care Room and Kitchen Area

Develop a "Hospitalist" model based on best practice, in collaboration with the Department of Family Practice and Manitoba Health; Implement the model in accordance with timelines established for recruitment.

- Resources, either physician or fiscal, are currently unavailable.

Continue to secure capital and operating funding for the Capital Management Plan, specialized equipment, and safety/security projects:

- Additional Funding: $8,209,500 baseline (6.3%), $325,000 - EMS, $351,604 - sector wage standardization, $802,518 - pre-retirement for 2005/06, Safety/Security - $414,802 (5 projects), Specialized Equipment - $652,400 Basic Equipment - $87,525 (total MB Health = $624,011).
- Total Equipment all sources = $3,169,900.
- Room Renos - $402,000 (operating).
- E-Health: $175,000 - Remote Network, $576,500 - QHR, $768,516 - Radiology Information System (RIS)/Picture Archiving Communication System (PACS) storage.

Complete development and implementation of a Radiation Therapy Unit, in collaboration with Manitoba Health and CancerCare Manitoba:

- Steering Committee (Chair is Assitant Deputy Minister) and Working Group were established with representatives from Cancer Care Manitoba (CCMB)/ Brandon RHA/MB Health.
- An Architect was selected in January 2007, and block drawing options were received in March 2007.
- Cancer Care Manitoba (CCMB)/Brandon RHA Memorandum of Understanding is being developed.
- Approval to order the Linear Accelerator was received.

Improve accountability in the ER and promote a shift in efficient use of resources between care and prevention:

- Number of patients redirected cannot be tracked in our system, but the number of ER visits has been reduced by approximately 10,000 over several years through triaging to walk-in clinics.

EHR applications

- Admission/Discharge/ Transfer (ADT)
- Orders/Results
- Allergy/Alerts Module
- Electronic Clinical Documentation
- Health Records ~ Coding/ Abstracting
- Health Records ~ Medical Information Records Access (MIRA)
- eSignature
- Chart Inquiry/Document Scanning
- Community EHR
- Patient Tracking/ Emergency System
- Operating Room (OR) Scheduling
- Diagnostics ~ Lab, Radiology/PACS
- Pharmacy systems/ MedStations

Strategic Priority:

Health system integration

with partnerships that enhance access and minimize duplication.

Continue to develop and implement a Region-wide integrated electronic health record (EHR):

- Lab Information Systems (LIS)/Radiology Information Systems (RIS)/Picture Archiving Communication System (PACS) have been implemented.
- EHR implementation is in progress and aligned with CSRP.
- Multiple systems have been installed.
- EHR implementation is 32% complete for all programs and 43% complete in acute care.
- Plans are in place for the further rollout of Procura in community programs and Siemens MS4 in acute (clinical assessments, allergy module, and document scanning) in 2007/08.

Update and submit a proposal to MB Health for the development and implementation of a community-based Acquired Brain Injury Program (ABI), in collaboration with the ABI Interest Group (Westman):

- ABI proposal was submitted in September 2006 Health Plan New Initiatives.
- Revised proposal is being submitted in 2008 09 "New Initiatives". (Also submitted to the Long Term Care Strategy)
- Brain Injury Support Group was established.

Develop and implement strategies in collaboration with MB Health and partner organizations that will ensure the long term viability of the 7th Street Health Access Centre:

- Baseline funding allocation from MB Health was granted in 2006/07.
- Model was modified to reflect to a greater extent a "population health approach", and "Community Health Nurses" were hired.
- Solicitation for physician resources is no longer being pursued, since the Western Medical Clinic is in close proximity and has agreed to take referrals for physician services.

Strategic Priority:

An organization that attracts and retains employees who feel valued and supported

Ensure the development and implementation of a comprehensive strategic Human Resource (HR) Plan that includes: Strategic direction, Environmental scan (technical, external influences, etc.), Internal departmental and organizational analyses, HR Department review, Current and future human resources supply and demand, Quality of work life review, HR initiatives, Recommendations, Evaluation.

- HR Department restructuring was completed.
- Action Plan to achieve the HR plan was initiated.
- Partnership with Education and Training to support continuing education and laddering was established.
- Forgivable loans have been made available.
- Preceptors/internships for professional designations, e.g. dieticians, pharmacists, occupational therapists, physiotherapists, social work, and nurses, have been promoted.
- Grant program implemented for RNs/RPNs/LPNs emulating Nurses Recruitment / Retention Committee has been established.
- Vacancy rates declined during 2006/07 on average 4.5%.
- Sick leave has amounted to 11 days/EFT, while the industry average is 12.2.
- Partnership established with WCB regarding return to work programs.
- Staff satisfaction survey shows 74% in 2006 compared to 69% in 2000.

Ensure effective communication strategies throughout the Region:

- Communication survey results showed a combined "yes" / "sometimes" rate at 94%.
- Structure of general staff meetings were conducted as "coffee/table chats".
- Established quarterly "Regional Leadership Team" forum. Program Managers were included semi-annually.
- CEO now provides a written report to RHA Board.
- CEO is now full time attendant at Medical Advisory Committee (MAC).
- Joint Conference Committee established (Board/Physicians/Management).
- Meetings are schuleded with staff and partners as requested or indicated.
- VPs decision-making teams now have cross-representation of portfolios.
- VPs now attend departmental staff meetings.

Respect...

is everyone's responsibility!

Respect for self
Respect for others
Responsibility for your actions

Everyone shares the responsibility to work together and treat each other with respect. Let's create and sustain a healthy, safe and caring environment!

Support implementation of a Child DayCare at the BRHC site:

- Board established and proposal/plan developed.
- Grant funding was approved for September 2006 and extended to the fall of 2007.
- Site was selected and a functional program was completed.
- Approval from the Minister to move the building and use the land was received.
- Re-zoning approval was received from the City.
- Application for a grant for capital project funding was submitted and declined.
- RHA is now exploring a partnership with the YMCA.

Implement an Employee Wellness Program in collaboration with the Wellness Committee:

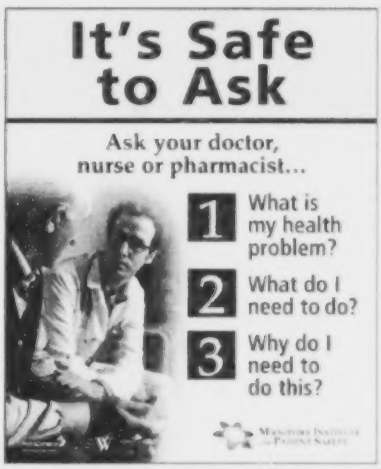
- Smoking cessation program was implemented.
- Massage therapy was made available at most sites.
- Employee Wellness Team was established.
- Numerous and various wellness initiatives and activities undetaken with much positive feedback received from staff.
- $35,000 was allocated from the 2006/07 Budget. Number of Workplace Safety and Health complaints: 48 (2003), 23 (2004), 41 (2005)

Strategic Priority:

An organizational culture that focuses on safety, disclosure, learning and improvement using a system-wide approach

Enroll in the "Safer Healthcare Now!" campaign:

- Acute Myocardial Infarction Team was established and Clinical Practice Guideline was developed.
- Baseline data was collected and an improvement charter was established to trial a Medication Reconciliation process on 400 medical drugs which led to a 60% reduction in adverse drug events. Continued rollout commenced in May 2007. A new trial is underway for respite patients at Rideau Park PCH and some prehab patients.
- Baseline data was collected and improvement charter was established for Prevention of Ventilator-Associated Pneumonia.
- Baseline data was collected and improvement charter was established for Prevention of Surgical Site Infection.
- Critical Incident Review Process is now in place.
- Root Cause Analysis is now in use and process reviews are conducted after critical incidents.
- Medication reconciliation is now in place in the ICU (includes end-of-life care).
- Patient Safety Leadership Walk Rounds started in February 2007.
- Climate of Safety Survey was conducted February 2004 with a score of 3.86/5. A second survey was conducted February 2007. No score is available as the data compilation and analysis is pending.
- "It's Safe to Ask" campaign was launched in January 2007.
- Patient Safety Monitoring Reports submitted to the Board started on October 2005 and are now provided semi-annually.



"Safer Healthcare Now!" campaign

1. AMI - *Improved care for Acute Myocardial Infarction: Prevent deaths among patients hospitalized for acute myocardial infarction (AMI) by ensuring the reliable delivery of evidence-based care.*

2. MedRec: *Prevent adverse drug events (ADEs) by implementing medication reconciliation.*

3. SSI - *Prevention of Surgical Site Infection: Prevent surgical site infection (SSI) and deaths from SSI by implementing a set of evidence-based interventions in all surgical patients.*

4. VAP - *Prevention of Ventilator-Associated Pneumonia: Prevent ventilator-associated pneumonia (VAP) and deaths from VAP and other complications in patients on ventilators by implementing a set of interventions known as the "VAP bundle."*

The Future

The Brandon RHA's Strategic Plan includes a predominant emphasis on "programs and services"; however, capital requirements are critical to support the functions of health care professionals and ancillary personnel. The Brandon RHA has prioritized its proposed Capital projects, Safety and Security projects and general Room Renovations, which are paid out of general operating funds, based on the RHA's Strategic Priorities and all other relevant information.

For example, the old bed tower at the Brandon Regional Health Centre requires renovations and remodelling. The Region has been able to accomplish a significant amount of remodelling within its existing resources by allocating specific budgets on an annual basis (approximately $200,000 per year). However, we do believe that additional dollars will be needed to accommodate the expansion of the existing beds into more rooms, in order to increase the number of single, two and three bed wards as opposed to primarily four bed wards. It is recommended that the total number of medical beds be increased from 47 to 60.

In addition to renovations, the Brandon RHA (in collaboration with Cancer Care MB) has determined that it should be offering a Radiation Therapy Program. With respect to Safety and Security projects, the needs are prioritized based on urgency and risk.

Another major project that has been approved and is currently in progress is the renovation and expansion of the Westman Regional Laboratory. This project includes the relocation of the Nuclear Medicine department into vacated space at the BRHC. Both changes are designed to accommodate the growth in volume and change in modalities over the last several years.

Due to Brandon RHA's success in proceeding with a number of capital projects in collaboration with MB Health, the actual number of new and outstanding capital projects outstanding is minimal and currently total three. They include the Radiation Therapy Program, the BRHC Acute Medical Inpatient Program and the CATC expansion.

Other Projects:

Upgraded Nurse Call equipment - Phase I General Centre, Assiniboine Center, Fairview Home, Rideau Park $983,3940.

Nurses Residence - Fire alarm upgrade/ Sprinkler system $515,000.

Fairview Home - Building controls upgrade $99,935.

CGP - Flooring replacement $63,950.

Nutrition services - Kitchen ceiling tiles $63,521.

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2006/2007 Renovation/Development Projects

ITEM DESCRIPTION	PROGRAM/SERVICE	COST	STATUS
Acute Care:			
400/500 Redevelopment - Phase 1	400/500	75,000	In progress
Room 5 - DI/Radiologist Office	Diagnostic Imaging	32,013	Completed
A2 - Phase 1	A2	46,244	Partially completed
Complete DI - OR Theatre - Phase 1		5,000	Completed
Assiniboine Centre - room dividers		14,400	Completed
Handicap Access - Main Floor CS washrooms	8,200	Completed	
Physicians' Lounge renovations		10,000	Completed
Community and Long Term Care:			
Renovate south wing - CGP	CGP - Mental Health	3,000	Project completed
Replacement of flooring - inpatient	CATC	3,000	Completed
Expand present tub room	CGP - Mental Health	15,000	Completed
Office/Storage renovations - 5th Floor	Fairview	14,384	Completed
Audiology Sound Booth/Office Space	Public Health	45,000	Completed
Dining Area Cupboards	Fairview	8,775	Completed, 4 floor areas (south building)
Resident Smoking Rooms	Fairview	5,000	Completed (south building)
Replace Kitchen/Dining Flooring	Rideau Park	25,000	Completed
Two new Tub Rooms	Rideau Park	5,000	Will be completed early in the new fiscal year.
Completion of Mental Health Expansion	Mental Health	14,000	Completed
Support Services:			
Relocation of CCTV from NB5 to ER	Safety and Emergency Services	10,037	Completed
Completion of Human Resources	Human Resources	24,000	Completed

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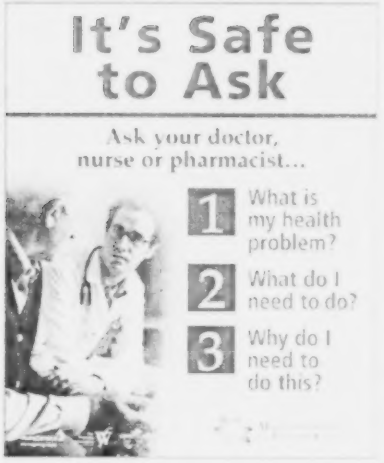

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Consolidated Statement of Financial Position
Year ended March 31, 2007

Financial information was taken from the Annual Financial Statements reported on by Deloitte and Touche in the Audit report dated June 22, 2007. A complete set of Financial Statements, Auditors reports and Public sector compensation disclosure can be obtained from the Brandon RHA Administration office.

March 31	2007	2006
ASSETS		
CURRENT		
Accounts receivable (Note 3)	$ 4,989,798	$ 3,592,752
Inventories	1,418,977	1,454,181
Prepaid expenses	1,443,676	1,572,324
Due From Manitoba Health - Vacation	7,224,269	7,224,269
	15,076,720	**13,843,526**
DUE FROM MANITOBA HEALTH - Pre-retirement	9,191,179	9,191,179
INVESTMENTS (Note 4)	3,668,868	3,685,641
CAPITAL ASSETS (Note 5)	107,168,496	107,405,401
	$ 135,105,263	**$ 134,125,747**
LIABILITIES		
CURRENT		
Bank advances - operating (Note 6)	$ 1,049,564	$ 612,134
Accounts payable and accrued liabilities	7,981,486	6,376,250
Bank advances	1,113,509	1,196,708
Employee Future Benefits - Vacation	9,016,534	8,633,463
Current portion of obligation under capital lease (Note 8)	200,428	391,475
Current portion of long term debt (Note 7)	97,437	91,490
	19,458,958	**17,301,520**
ACCRUED EMPLOYEE FUTURE BENEFITS - Pre-retirement	11,448,862	10,810,650
OBLIGATION UNDER CAPITAL LEASE (Note 8)	-	200,428
LONG TERM DEBT (Note 7)	857,831	955,268
DEFERRED CONTRIBUTIONS (Note 9)		
Expenses of future periods	1,296,058	1,338,791
Capital assets	100,692,626	102,159,555
	133,754,335	**132,766,212**
NET ASSETS		
Invested in capital assets (Note 10)	2,198,310	2,947,072
Internally restricted (Note 11)	3,567,018	3,158,527
Externally restricted (Note 11)	27,164	26,939
Unrestricted	(4,441,564)	(4,773,003)
	1,350,928	**1,359,535**
COMMITMENTS AND CONTINGENCIES (Note 13)		
	$ 135,105,263	**$ 134,125,747**

Consolidated Statement of Operations
Year ended March 31, 2007

	2007	2006
REVENUE		
Manitoba Health operating income		
Income as per Funding Document *(excluding funding related to Capital and Interest)*	$ 145,144,257	$ 137,158,524
One Time Funding	1,364,828	-
Retroactive Salary Payments	495,847	998,765
Recovery of Non Global Items	2,462,809	1,774,405
Other Manitoba Health Income	3,403,129	3,859,492
Total Manitoba Health Funding (Note 12)	152,870,870	143,791,186
Non-insured income	6,980,737	7,078,081
Other Income	2,814,096	2,325,165
Amortization of deferred contributions	9,325,399	8,317,074
Capital revenue - Non Devolved Facilities	572,698	612,962
Ancillary revenue	3,827,079	3,924,657
	176,390,879	**166,049,125**
EXPENSES		
Acute Care Services	100,993,479	98,073,160
Long Term Care Services	22,680,424	21,867,031
Medical Remuneration - All Programs	12,195,921	11,123,340
Community Based Mental Health Services	11,618,423	11,642,996
Community Based Home Care Services	6,121,714	6,020,074
Community Based Health Services	4,693,620	4,394,950
Land Ambulance	545,112	220,120
RHA Administration Costs	2,864,029	2,737,002
Amortization of capital assets	8,826,480	8,165,601
Capital payments - Non Devolved Facilities	572,698	612,963
Interest on capital lease	23,429	44,903
Interest on long term debt	68,039	73,623
Other operating expenses	1,474,994	1,590,774
Ancillary expenses	3,721,124	3,918,885
	176,399,486	**170,485,422**
Shortfall of revenue over expenses for the year	**$ (8,607)**	**$ (4,436,297)**
ALLOCATION OF SHORTFALL FROM OPERATIONS:		
Investment in Capital Assets - Manitoba Health Activities	$ (843,027)	$ (847,925)
Unrestricted - Manitoba Health Activities	772,672	(3,544,082)
Investment in Capital Assets - Non Manitoba Health Activities	(441,720)	(513,330)
Internally Restricted - Non Manitoba Health Activities	503,243	468,815
Externally Restricted	225	225
	$ (8,607)	**$ (4,436,297)**

Brandon RHA Programs and Services

Brandon Regional Health Centre (BRHC)
150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4000 Fax: 578-4876
- Cancer Program
- Cast Clinic
- Day Treatment
- Emergency/Observation Unit
- Gastro Intestinal (GI) Unit
- Heart Program
- Infection Control
- Intensive Care Unit
- Medical and Surgical Units
- Mother and Baby Unit
- Lactation Consultant 578-4286
- Neonatal Intensive Care Nursery
- MB Breast Screening Program
- Ostomy Care
- Paediatrics
- Pain Management
- Prehab Program
- Renal Unit
- Respiratory Program
- Palliative Care
- Rehabilitation
- Short Term Emergency Program (STEP)
- Surgical Suite
- Tobacco Dependence Program
- Waiting Placement/Supportive Care
- Wound Care Clinic

Diagnostic Services
- Angiography
- Bone Density
- CT Scan
- Echocardiology
- Electrocardiography (ECG)
- Electroencephalography (EEG)
- Fluoroscopy
- General Imaging
- Mammography
- MRI
- Nuclear Medicine
- Pacemaker Clinic
- Respiratory Services
- Ultrasound
- X Ray

Regional Rehabilitation
- Communication Disorders
- Children's Therapy Initiative
- Occupational Therapy
- Physiotherapy
- Neuropsychology Clinics
- Recreation Therapy

Allied Health Services
- Health Resource Centre
- MB Telehealth
- Medical Services
- Pharmacy, Rural Pharmacy
- Practice Guidelines Facilitator
- Spiritual Care
- Therapeutic Dietetics
- Volunteer Services
- Westman Regional Laboratory

Public Health
A5 - 800 Rosser Avenue,
The Town Centre
Brandon, Manitoba R7A 6N5
Ph: 571-8446 Fax: 726-8743
- Child Health Clinics
- Communicable Disease Control
- Community Nutritionist
- Community Postpartum Program
- Families First Home Visitors
- Family Planning Program
- Health Education and Promotion
- Healthy Beginnings—A Healthy Baby Program
- Immunization Services
- Prenatal Sessions
- School Health Program
- Sexually Transmitted Infections Program
- Unified Referral Intake System
- Women's Health

Prairie Health Matters
Ph: 571-8357
- Diabetes and Heart Health

Audiology Services
Ph: 571-8366
- Hearing testing
- Counselling and education on hearing loss, hearing aides and hearing protection.
- Elks Preschool Aural Rehab

Medical Officer of Health
Ph: 571-8395

Midwifery Services
531 Princess Avenue
Brandon, Manitoba R7A 0P1
Ph: 571-5530 Fax: 571-5537
- Please call ahead for an appointment with a midwife.

Regional Planning/ Support/Financial Services
- Biomedical Services
- Capital Planning
- Clinical/Evaluation Analyst
- Continuous Quality Improvement
- Decision Support
- Emergency and Safety Services
- Environmental Services
- Financial Services
- Health Information and Electronic Health Record
- Health Promotion
- Human Resources
- Information Technology and Telecommunications
- Materiels Management
- Nutrition Services
- Occupational Health
- Population Health
- Privacy Officer
- Property Management
- Risk Management

Home Care Services
150—B 7th Street
The Town Centre
Brandon, Manitoba R7A 7M2
Ph: 571-8416 Fax: 726-5720
Referral line: 571-8427
homecare@brandonrha.mb.ca
- Adult Day Program
- Appeal Process
- Assessment and Application for
- Personal Care Home
- Assessment and Case Management
- Equipment and Supplies
- Family Relief
- Home Support and Personal Care Assistance
- Manitoba Home Oxygen program
- Nursing and Therapy Services
- Palliative Care
- Care Giver Relief and Respite Care
- Self Care/Family Managers Care
- Services for Seniors
- Supportive Housing
- Wait list management

7th Street Health Access Centre
20 - 7th Street
Brandon, Manitoba R7A 6M8
Ph: 578-4800 Fax: 578-4950
- Adult Community Mental Health Worker
- Chronic Disease Prevention Initiatives Facilitator
- Community Health Nurse
- Housing Resource Worker
- Income Tax Program
- Mental Health Consumer Education
- Travel Health Services
- Service Navigator
- AIDS Community Action Program Coordinator - Sexuality Education Resource Centre
- Child and Family Services of Western Manitoba
- Community Addictions Services Addictions Foundation of Manitoba
- Family Services and Housing (information and referral off peak bus pass exchange site)
- Family Violence Outreach Worker
- YWCA Westman Women's Shelter
- Free Community phone, Voicemail, computer and internet access
- Free shower and washer and dryer facilities
- Needle exchange program/sharps drop off site

Long Term Care
Fairview Home
1351 - 13th Street
Brandon, Manitoba R7A 4S6
Ph: 728-6696 Fax: 727-7616

Rideau Park Personal Care Home
525 Victoria Ave. East
Brandon, Manitoba R7A 6S9
Ph: 727-1734 Fax: 726-6690
Associated with:
Hillcrest Place Personal Care Home, Dinsdale Personal Care Home and Central Park Lodge Personal Care Home

Mental Health Services
Community Mental Health
B13 - 800 Rosser Avenue,
The Town Centre
Brandon, Manitoba R7A 6N5
Ph: 571-8300 Fax: 726-8684
- Psychosocial Rehabilitation
- Adult Community Mental Health
- Services for the Elderly

Child and Adolescent Treatment Centre (CATC)
1240 - 10th Street
Brandon, Manitoba R7A 7L6
Ph: 727-3445 Fax: 727-3451
Toll Free: 1-866 403-5459

Centre for Adult Psychiatry (CAP)
BRHC - 150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4555 Fax: 578-4940

Centre for Geriatric Psychiatry (CGP)
BRHC - Assiniboine Centre
150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4560 Fax: 578-4948

Westman Crisis Services
Administration Office
Ph: 725-3108 Fax: 726-4665
Mobile Crisis Unit (MCU)
Ph: 725-4411
Toll Free: 1-888-379-7699
Crisis Stabilization Unit (CSU)
Ph: 727-2555
- Telephone support, crisis intervention and brief residential care and outreach services.

www.brandonrha.mb.ca

Brandon RHA Comment Line
(204) 578-2104 or 1-800-735-6596

Brandon Regional Health Authority
150A 7th Street, Brandon, MB R7A 7M2
Ph: (204) 571-8400 ~ Fax: (204) 726-8505